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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

This return should preferably be made
by the person who made the original

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *128

Place of Birth Mission
(Registration District)

County Ariz.

No. Harriet Conner

SEX OF CHILD*	Twin	{	and	{	Number in order of birth
	Triplet or other? <u>X</u>				
<u>female</u>					

DATE OF BIRTH* Sept 11 1925
(Month) (Day) (Year)

FATHER
JLL
AME Gerardo Arciniega

MOTHER
JLL
AIDEN
AME Delia Dominguez

HEREBY CERTIFY that the child described
herein has been named

Helena D. Arciniega
(Give name in full) (Surname)

Vera Echeverde
(Physician's Signature)
Friend

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

1-8-42-Bower Co.

811-911-449